
PROGRAMS, PRACTICES, PEOPLE

NIAID, AmFAR Launch Huge New Study of HIV Infection

The National Institute of Allergy and Infectious Diseases (NIAID) and the American Foundation for AIDS Research (AmFAR) are co-sponsoring a longitudinal study of persons infected with the human immunodeficiency virus (HIV) that causes AIDS.

The purpose of this observational data base study is to compile information systematically on the progression of HIV in a broad spectrum of infected persons. It is the largest study of its kind ever conducted, with several hundred primary care physicians and several thousand patients potentially participating in the project.

The study, which began in late September 1990 at more than 30 community-based clinics in the United States and Canada, will provide information on how infection with the AIDS virus progresses, which AIDS symptoms and related diseases are most common in different patient populations, and what treatments patients are using, including approved and "alternative" therapies. In addition, the study will help clinicians and researchers identify changing manifestations of HIV illness over time and analyze factors that appear to influence prognosis.

In announcing the project, Louis W. Sullivan, MD, Secretary of Health and Human Services, said, "The scope of this effort is unparalleled. The study will result in the most comprehensive collection of information on HIV-infected persons amassed in the history of the AIDS epidemic. These data, carefully gathered to protect patient confidentiality, will serve to advance our understanding of this terrible epidemic."

Subjects for the Observational Data Base Project will come from the 18 Community Programs for Clinical Research on AIDS (CPCRA), sponsored by NIAID, the lead institute for AIDS research at the National Institutes of Health, and 15 additional programs participating in the Community-Based Clinical Trials Network, sponsored by AmFAR.

The CPCRA was developed by NIAID to broaden the base of AIDS research by involving community clinicians. The CPCRA includes primary care physicians who serve large numbers of HIV-

infected persons, including Hispanics, blacks, intravenous drug users, and women, groups that previously have been underrepresented in AIDS research. More detailed information will be gathered for these patient populations.

Anthony S. Fauci, MD, director of NIAID, said, "The study will help to identify areas where new research is needed, and may result in some new approaches to treatment. It will also help community physicians identify patients who are eligible for specific clinical trials of experimental AIDS therapies."

NIAID's first large-scale longitudinal study on AIDS was the Multicenter AIDS Cohort Study, begun in 1983, which gathers information about the natural history, risk factors, and clinical manifestations of AIDS among 5,000 homosexual and bisexual men in four major cities. The study has generated huge amounts of data and clues to designing effective prevention and education programs.

The new Observational Data Base Project study will be conducted within a variety of clinical settings. Every 3 to 6 months, during a regular clinic visit, patients in the study will be asked questions about their health and the medications they are taking. Clinicians will be responsible for documenting this information as well as the patient's current symptoms, diagnoses, and laboratory results. No special clinic visits, laboratory tests, or treatments will be needed for the project.

Eligible participants must be affiliated with a CPCRA program or a Community-Based Clinical Trials Network program, be under the care of a physician in that program, be aged 13 years or older, and have evidence of HIV infection or any opportunistic infection or malignancy indicative of AIDS.

NIDA Prevention Effort Links Teenage AIDS, Drug Use, and Sexual Behavior

Because acquired immunodeficiency syndrome (AIDS) is a preventable disease, teenagers need to know the facts about AIDS, drug use, and sex. Informing teenagers about links between drug use and AIDS is a first step in motivating members of this age group not to participate in risky behavior.

As part of a broad drug education and drug use prevention effort directed toward the nation's teenagers, the National Institute on Drug Abuse (NIDA) recently released a statistical overview that relates drug use, risky behavior, and AIDS in this age group.

About half of all American high school seniors have used illegal drugs, according to NIDA, which conducts the annual High School Senior Survey. Results from the 1989 survey also indicate that 17 percent of seniors, about 1 in 6, were currently using marijuana and that more than 90 percent of high school seniors had tried alcohol, some using it in substantial amounts. For example, 33 percent of all seniors reported having had 5 or more drinks in a row in the 2 weeks prior to the survey.

As a group, American teenagers are sexually active. The average age to have sexual intercourse for the first time is 16 years for girls and 15.5 years for boys, according to the Centers for Disease Control (CDC). A pregnancy of a teenaged girl occurred at the rate of one every 30 seconds and every 13 seconds a teenager in the United States was infected with a sexually transmitted disease (STD).

Evidence indicates that sex and drug use are linked among teenagers. In a recent study of 222 black teenaged users of crack and other drugs in San Francisco, researchers found that 96 percent were sexually active. About half of the teenagers reported having engaged in sex after smoking crack, and 77 percent of them had not used a condom the last time they had sex. Of the 222 crack users, 92 percent had smoked marijuana, and 82 percent reported having drunk alcohol. Fewer than 19, or 10 percent, reported having used drugs such as heroin, cocaine, and amphetamine intravenously (1).

In a study of 1,773 persons 16- to 19-years old in Massachusetts, 61 percent said they had had sex during the year prior to the study. Among the sexually active teenagers who drank or used marijuana, 16 percent said that they used condoms during sex less often after drinking than when they had sex without using intoxicants, and 25 percent used condoms less often after smoking marijuana (2).

Teenaged crack users interviewed in San Francisco believed that the drug enhances sexuality while reducing inhi-

bitions and judgment. Many female crack users were found to frequently trade sex for the drug (3). In cities where crack use is widespread, increases have been seen in the total number of STDs. Alcohol use also has been linked to STD, as has noncrack forms of cocaine. Since human immunodeficiency virus (HIV) can be transmitted through sexual activity, health officials are concerned that a rise in STDs may signal a concurrent rise in HIV infection (4, 5).

Teenagers as a group are of special concern because they are a growing proportion of HIV-infected persons. Because people can be infected with HIV for 10 or more years before signs of AIDS appear, teenagers may become infected with HIV, actively transmit the virus, and not be diagnosed with AIDS until they are in their twenties. Currently, one in five of all persons with AIDS is between the ages of 20 and 29 years. The number of 20- to 29-year-old persons diagnosed with AIDS increased from 17,572 to 27,561 (57 percent) between January 1989 and May 1990. The number of diagnosed 13- to 19-year olds with AIDS increased from 342 to 530 (55 percent) between January 1989 and May 1990, according to CDC.

Teenaged girls and ethnic minorities may be at special risk for HIV infection. AIDS is becoming one of the leading causes of death among women of child-bearing age, 15- to 44-years old. In 1988, black women of this age group were nine times more likely to die of AIDS than white women. In 1987, AIDS ranked as the leading cause of death among black women of reproductive age in New York and New Jersey. At the same time, nationally, AIDS was the eighth-ranking cause of death among women. If current trends continue, AIDS may become one of the five leading causes of death for women by 1991 (6).

As of May 1990, 3,975 women and female adolescents had contracted AIDS through heterosexual contact. Of these females, 52 percent were black, 23 percent were Hispanic, and 24 percent were white, according to CDC data. Minorities account for 79 percent of all heterosexually transmitted AIDS cases and 78 percent of pediatric cases.

References

1. Fullilove, M. T., and Fullilove, R. E.: Intersecting epidemics: black teen crack use and sexually transmitted disease. *J Am Med Assoc* 44: 146-147, 151-153 (1989).
2. Hingson, R. W., Strunin, L., Berlin, B. M., and Heeren, T.: Beliefs about AIDS, use of alcohol and drugs, and unprotected sex among Massachusetts adolescents. *Am J Public Health* 80: 295-299 (1990).

3. Bowser, B. P.: Crack and AIDS: an ethnographic impression. *J Natl Med Assoc* 81: 538-540 (1989).
4. Goldsmith, M. F.: Sex tied to drugs equals STD spread. *JAMA* 260: 2009, Oct. 14, 1988.
5. Haverkos, H. W., and Lange, W. R.: Serious infections other than human immunodeficiency virus among intravenous drug abusers. *J Infect Dis* 161: 894-902 (1990).
6. Chu, S. Y., Buehler, J. W., and Berkelman, R.: Impact of the human immunodeficiency virus epidemic on mortality in women of reproductive age, United States. *JAMA* 264: 225-229, July 11, 1990.

DAWN Data Indicates Fewer Drug-related Emergency Room Episodes

National Institute on Drug Abuse (NIDA) data from the Drug Abuse Warning Network (DAWN) indicate a continuing decrease in the number of cocaine-related emergency room visits in hospitals across the nation.

The figures for the first quarter of 1990 show a decrease of 4 percent from the last quarter of 1989. Overall, there has been a 27 percent decrease since the third quarter of 1989.

In May 1990, the Secretary of Health and Human Services, Louis W. Sullivan, MD, alerted the public to a decrease in cocaine-related emergency room visits for the fourth quarter of 1989. The number of cocaine-related emergency room visits had dropped from 11,145 in the third quarter to 8,507 visits in the fourth quarter. The number of visits for the first quarter of 1990 was 8,135.

"This quarter confirms the downward trend for cocaine-related emergency room visits first seen late last year. We are finally beginning to see some progress in reaching those who are seriously affected by the cocaine epidemic," said Charles R. Schuster, PhD, Director of NIDA. "However, we have not yet seen a downturn in the number of cocaine-related deaths in 1989." The number of people who died from cocaine increased from 2,254 in 1988 to 2,496 in 1989. Death data are only reported on an annual basis.

A downward trend also has been seen in emergency room visits related to heroin, which dropped from 3,933 visits in the third quarter of 1989 to 3,071 visits in the first quarter of 1990, a decrease of 22 percent. As with cocaine, however, the trend in deaths related to heroin use continued upward from 1,884 in 1988 to 1,995 in 1989.

Most of the 21 metropolitan areas included in the DAWN report, especially the larger cities, reported significant decreases in emergency room visits for

both cocaine and heroin, reflecting a systemwide trend and confirming decreases in drug use reported in two other surveys conducted by NIDA, the National Household Survey on Drug Abuse and the High School Senior Survey.

An analysis of 5-year DAWN data indicates that there was a 354 percent increase in cocaine-related emergency room visits between the second quarter of 1985 and the last quarter of 1988. A stabilization existed for three quarters, ending in September of 1989, after which the first substantial drop was reported.

DAWN is a voluntary data collection system through which hospital emergency room facilities report information on medical crises related to the improper use of drugs. The DAWN data provide Federal, State, and local government agencies and health care providers with up-to-date information concerning the types of drugs being abused. DAWN reports drug-related emergency room visits based on 431 emergency rooms in hospitals that reported consistently to DAWN. Because most of these hospitals are located in 21 large metropolitan areas, DAWN data are not representative of all emergency rooms in the United States.

Conference Planned on Smokeless Tobacco and Effects on Health

The "First International Conference on Smokeless Tobacco: Tobacco and Health" will be held April 10-13, 1990, at Columbus, OH.

The conference will address nicotine and addictive effects of smokeless tobacco, carcinogenesis, clinical and pathological evidence, education, cessation programs, and public health issues. The conference planners seek participants involved in educating children and adolescents, rural health, 4-H groups, the Indian Health Service, and those from countries that demonstrate high usage of smokeless tobacco products.

Information is available from Kathleen L. Schroeder, DDS, OSU College of Dentistry, 305 W. 12th Ave., Box 200, Columbus, OH 43210; (614) 292-8029; fax (614) 292-7619. Requests for registration information may be made to OSU Office of Continuing Education, 225 Mount Hall, Room 175, 1050 Carmack Rd., Columbus, OH 43210-1002; (614) 292-8571.

NIH Consensus Statements Available on Immunoglobulin and Breast Cancer

National Institutes of Health (NIH) consensus development statements on "Intravenous Immunoglobulin: Prevention and Treatment of Disease" and "Treatment of Early Stage Breast Cancer" may be obtained from the NIH Office of Medical Applications of Research.

The reports were prepared by panels of experts who considered scientific evidence presented at Consensus Development Conferences at NIH. They contain recommendations and conclusions concerning prevention and treatment of disease with intravenous immunoglobulin and treatment of early breast cancer.

Consensus conferences bring together researchers, practicing physicians, representatives of public interest groups, consumers, and others to carry out scientific assessments of drugs, devices, and procedures in an effort to evaluate their safety and effectiveness.

Free single copies of the consensus statements on intravenous immunoglobulin and early breast cancer may be obtained from William H. Hall, Director of Communications, Office of Medical Applications of Research, National Institutes of Health, Building 1, Room 259, Bethesda, MD, 20892.

Oral Health Abstracts Called for November APHA Meeting

The 119th Annual Meeting of the American Public Health Association (APHA) will be held in Atlanta, GA, on November 10-14, 1991. The theme of the meeting is "Public Health and a National Health Program."

The Oral Health Section invites abstracts of papers or proposals for sessions of the meeting. The deadline for submission of abstracts is March 11, 1991.

The individual abstracts should focus on the oral health of the public, particularly as it relates to the theme of the 1991 meeting.

Session formats include roundtable discussions, posters, workshops, and oral presentations. The section also welcomes proposals for sessions on topics such as HIV-AIDS, ethical or legal issues, constituency-building, quality assurance in prevention programs, OBRA 87 and OBRA 89, oral cancers,

oral injuries, low literacy health education approaches, international issues, public-private partnerships, or public policy issues.

Proposals should include a brief description of the session purpose and format and 3-5 abstracts of related papers. Abstracts and session proposals will be selected through a rated review process according to significance and timeliness of subject, statement of objectives or hypotheses, description and quality of data, clarity and quality of written presentation.

If an abstract or session proposal is accepted, a 2-page detailed outline of the presentation is due by July 1, 1991. For additional information, contact Beverly Entwistle, MPH, Chair, Program Committee, Oral Health Section, APHA, at Office of Dental Health, State of Maine Department of Human Services, State House Station No. 11, Augusta, ME, 04333 tel. (207) 289-2361.

CDC, FDA Set Up New Vaccine Reporting System

A new Public Health Service Vaccine Adverse Events Reporting System (VAERS), administered by the Centers for Disease Control (CDC) and the Food and Drug Administration (FDA), became operational November 1, 1990.

VAERS will replace the separate reporting systems for such events currently operated by the two agencies and will provide a single focus in the United States for all reports of adverse events following any vaccinations, including but not limited to the events mandated for reporting under the National Childhood Vaccine Injury Act of 1986.

Some of the events mandated include anaphylactic shock, encephalopathy, shock collapse, and any acute complication or sequela, including death.

ERC Bioservices Corporation, of Rockville, MD, has been hired under CDC and FDA supervision to distribute, collect, and enter VAERS report forms, as well as to promote the use of VAERS. CDC and FDA will use the data to monitor vaccine safety.

The incidence of vaccine-preventable diseases in the United States has decreased dramatically, primarily because of the availability and widespread public acceptance of effective vaccines. While vaccine safety is evaluated extensively before licensure, the continued monitoring of vaccine adverse events is critical to ensuring the safety of vaccines in use.

The principal role of VAERS is to

provide a signaling mechanism for events which appear to have a temporal association with specific vaccines. Studies to determine the role of vaccines as an attributable risk to specific adverse events then could be designed and implemented as questions about safety arise.

Pre-addressed, postage paid VAERS form and reporting instructions have been distributed by mail to physicians in the specialties of pediatrics, family practice, general practice, internal medicine, obstetrics and gynecology, and emergency medicine. State health departments are distributing the form to public immunization clinics.

A toll-free number, (800) 822-7967, has been established for VAERS to provide reporting forms and to answer questions about reporting requirements for completion of the form.

County Health Department Offers Discount Coupons for Bicycle Helmets

In an effort to increase the use of bicycle helmets, especially among children, the Allegheny County (PA) Health Department has begun offering discount coupons good for up to 50 percent off the retail price of selected bicycle helmets.

"Wearing a helmet reduces the risk of serious head injury from a fall by 85 percent, yet very few bicyclists wear helmets. Fewer than 1 of every 20 children wears a helmet while riding," according to Rozanne Wilson, Chief of Health Promotion for the county health department. "To help make bicycle helmets more affordable, we are offering a mail order form for a 50 percent discount on Troxel helmets and a coupon redeemable at two local bike shops for \$20 off Pro-tec helmets."

The helmets are available in child as well as adult sizes, and at the reduced prices cost \$16.95 to \$25 each. Troxel and Pro-tec provide the helmets at a discount as a public service. Both helmets have been safety-tested and approved by a testing laboratory.

Health officials urge parents to teach their children to wear a helmet when they learn to ride so that the practice will become a safety habit. In a fall or crash, bicycle riders without helmets are far more likely than helmet wearers to suffer serious head trauma that can result in physical or mental disability or death. Of 821 bicycle-related deaths in the United States last year, almost half were of children younger than 16 years.